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| Registration – bed numbers |
| Private Hospitals |

The Department of Health and Human Services requires details of the prescribed health services to be offered and the number of beds that are used for each health service.

For the purpose of this form, please write the proposed number of beds for the health service establishment. This should total the number of beds recorded on the department “Certificate of Registration” for this establishment.

Please mark (number of beds or Y/N) in the tables provided.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Facility: | | | |
| Medical health services |  | Name of person completing form |  |
| Surgical health services |  | Role of person completing form |  |
| **Total number of beds** |  | Contact details of person completing form |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Speciality health services for provision of*** | Number of beds |  | Number of beds |
| Alcohol or drug withdrawal (detoxification – acute phase) |  | Neonatal services (provided to patients aged 28 days and under when admitted) |  |
| Anaesthesia | Y / N |
| Bariatric procedures |  | Neurosurgery |  |
| Cardiac catheterisation |  | Obstetrics |  |
| Cardiac surgery |  | Oncology (chemotherapy) |  |
| Cataract surgery |  | Oncology (radiation therapy) |  |
| Emergency medicine |  | Oocyte retrieval |  |
| Endoscopy |  | Paediatric services (provided to patients at least 28 days and under 18 years when admitted) | Y / N |
| Intensive Care |  |
| Liposuction (Removing in total at least 200ml of lipoaspirate) |  | Renal dialysis |  |
| Mental Health Services |  | Specialist rehabilitation services |  |
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